

ARIZONA STATE BOXING COMMISSION
1110 W. WASHINGTON, SUITE 260
PHOENIX, ARIZONA 85007
TELEPHONE (602) 364-1721 FACSIMILE (602) 364-1703

(2009) OPHTHALMOLOGICAL EXAM (2009)

**REPORT OF EYE EXAMINATION FOR
PROFESSIONAL BOXER/UNARMED COMBATANT
TO BE PERFORMED
*BY AN OPHTHALMOLOGIST ***

| | | | | |
|------------------|--------|------|----------|---------------------|
| | | | | / / |
| Full name: First | Middle | Last | Ringname | Date of Birth |
| | | | | |
| Address (Street) | | | City | State Zip code |

HISTORY: If possible provide the following information:

Name and hometown of physician in charge: _____

Has applicant ever had any of the following conditions:

- (1) Blurred vision ____ Yes ____ No
- (2) Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye? ____ Yes ____ No
- (3) Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma , aphakia, pseudophakia, dislocated lens, or cataract? ____ Yes ____ No If yes please explain: _____

- (4) Eye disease? ____ Yes ____ No
 List nature of disease: _____
- (5) Eye injury: ____ Yes ____ No
 List nature of injury: _____
- (6) Detached retina surgery on either eye: ____ Yes ____ No
 List which eye and when and where surgery was done: _____

EXAMINATION:

VISION: Without / With Glasses

Right /
 Left /

REFRACTION: If either eye is 20/40 or worse:

Right ____ Sph ____ Cyl x ____ Acuity ____
 left ____ Sph ____ Cyl x ____ Acuity ____

Remarks: _____

| | |
|------------------|---------------------------|
| Intraocular | Right _____ mmHg |
| Tension | Left _____ mmHg |
| Motility | Normal ____ Abnormal ____ |
| Binocular vision | Normal ____ Abnormal ____ |

SLIT LAMP EXAM

NORMAL

ABNORMAL

SPECIFIC ABNORMALITIES

| | | | |
|-------------|--------------|--------------|--|
| | Right / Left | Right / Left | |
| Conjunctive | / | / | |
| Cornea | / | / | |
| | / | / | |
| Iris/Pupil | / | / | |
| Lens | / | / | |
| Eyelids | / | / | |

INDIRECT OPHTHALMOSCOPY WITH SCLERAL DEPRESSION (Dilated Pupil)

NORMAL

ABNORMAL

SPECIFIC ABNORMALITIES

| | | | |
|-------------------|--------------|--------------|--|
| | Right / Left | Right / Left | |
| Disc | / | / | |
| Macula | / | / | |
| Vessels | / | / | |
| Peripheral Retina | / | / | |

***THE COMMISSION WILL ONLY ACCEPT ORIGINAL EXAM SIGNED AND DATED BY OPHTHALMOLOGIST*
(PLEASE READ AND SIGN ON REVERSE SIDE OF EXAM)**

REPORT OF EYE EXAMINATION FOR PROFESSIONAL BOXER / UNARMED COMBATANT BY AN OPHTHALMOLOGIST

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OPHTHALMOLOGIST REMARKS:

The Commission may deny, suspend, revoke, or place restrictions on the license of a professional boxer or martial arts fighter because of a medical or visual condition, (The Commission may also place restrictions for the same medical conditions on all amateur combatants under its jurisdiction) including but not limited to the following:

- 1) Uncorrected visual acuity of less than 20/200 in either eye or 20/60 with both eyes;
- 2) Corrected visual acuity of less than 20/60 in either eye, regardless of its cause;
- 3) A visual field of 60 degrees or less extending over one or more quadrants of the visual field;
- 4) Presence or history of retinal detachment or retinal tear unless treated by an ophthalmologist and then approved by an ophthalmologist specified by the Commission who then assesses that the boxer is at no significant risk of further injury to the retina if boxing is resumed. Such assessment shall occur both within five days before and five days after the contest;
- 5) Presence of primary or secondary glaucoma, whether or not such condition has been treated;
- 6) Presence of aphakia, pseudophakia, dislocated lens or cataract in either eye;
- 7) Any other visual condition which the Commission determines would prevent the applicant or licensee from safely engaging in boxing activities.

The examining physician is requested to mail a copy of any report, directly to the Commission of an applicant that has a condition that may preclude him/her from being licensed or cleared to participate in boxing activities.

OPHTHALMOLOGIST:

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the applicant named on the other side of this form and I ____ **DO NOT FIND** ____ **DO FIND** a condition that would preclude him/her from being licensed or cleared to participate as a ____ professional boxer ____ unarmed combatant.

LICENSED OPHTHALMOLOGIST NAME AND LICENSE NUMBER (please print)

OPHTHALMOLOGIST SIGNATURE

STREET ADDRESS

DATE

CITY

STATE

ZIP CODE

(_____)_____
PHONE NUMBER

SIGNATURE OF CONTESTANT

ANY ATTEMPT TO ALTER OR FALSIFY THIS DOCUMENT WILL RESULT IN FORFEITURE OF LICENSE AND/OR PROSECUTION IN A CRIMINAL COURT OF LAW.

EXAMINATIONS BY AN OPTOMETRIST WILL NOT BE ACCEPTED

**OPTOMETRISTS PLEASE DO NOT COMPLETE
EXAMINATION**